



March 27, 2020

To whom it may concern,

The question has been raised regarding the risk of intranasal administration of naloxone for presumed overdose victims. There is currently little evidence-based literature to administer or withhold this potentially lifesaving drug in the setting of unknown COVID19 infection. There is some data available to suggest that opioid and other drug addicted individuals may be at higher risk of having COVID19. In a more broad sense, there is little to no literature related to aerosol generation from any intranasal medication administration.

The risk here most likely lies not in the intranasal medication administration (oftentimes given to a patient not even breathing), but probably more in the potential for aerosol generation after revival due to cough and or sneezing. In an ideal, resource rich environment, it may be advisable to place a simple mask on a victim's face, covering the mouth, then give intranasal naloxone and cover both the nose and mouth after. But this requires even closer contact with a potential source of infection. Intranasal administration is not likely to be aerosol generating as the aerosol is created by the device with the drug going inward and not the patient sneezing or coughing outward until after the administration is complete. Lastly, the CDC has confirmed that intranasal naloxone is not considered to be an aerosol generating procedure (AGP) if performed correctly.

Current recommendations are as follows:

- Continue to administer intranasal naloxone to victims presumed to be suffering acute opioid overdose.
- After administration, back away a distance of at least six feet unless appropriate level PPE is available.
- Avoid known aerosol generating procedures such as bag valve mask ventilation until EMS arrives.

Sincerely,

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